

BOSE McKINNEY & EVANS LLP

CUSTOMER NUMBER: 25267

2700 First Indiana Plaza  
135 North Pennsylvania Street  
Indianapolis, Indiana 46204  
(317) 684-5000

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group: 3618

Atty. Docket: 12990-0004

Applicants: Miller

Title: CART FOR INJURED  
PERSON

Serial No.: 10/603,529

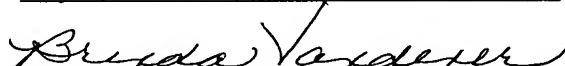
Filed: June 25, 2003

Examiner: Shriver

Certificate Under 37 C.F.R. § 1.8(a)

I hereby certify that this correspondence is being deposited with  
the United States Postal Service as first class mail in an  
envelope addressed to the Commissioner for Patents, P. O.  
Box 1450, Alexandria, VA 22313-1450

on July 16, 2004

  
Brenda Vandever

Dated: July 16, 2004

**RESPONSE**

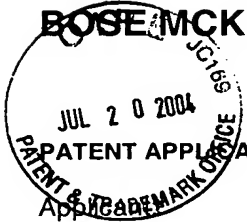
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed April 16, 2004 ("Office Action")  
please consider the following amendments and accompanying remarks.

**Amendments to the Claims** are reflected in the listing of claims which begins  
on page 2 of this paper.

**Remarks** begin on page 5 of this paper.



Applicant: Miller

Serial No.: 10/603,529

Filing Date: June 25, 2003

Title: CART FOR INJURED PERSON

Group: 3618 Examiner: Shriver

Atty. Docket: 12990-0004

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS (37 C.F.R. 1.16(c))	20	20	0	\$18	\$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	1	3	0	\$86	\$0
If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	YES	\$0
TOTAL FEE FOR ADDITIONAL CLAIMS					\$0

\*If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

An Extension of Time for \_\_\_\_\_ month(s) is hereby requested under  
37 C.F.R. 1.136(a). The required fee for filing this extension is:

Information Disclosure Statement

## TOTAL FEE FOR THIS AMENDMENT

A check in the amount of \_\_\_\_\_ to cover the total fee for this  
amendment is attached.The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37  
C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney &  
Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

Attorney of Record  
Printed Name: William S. Meyers  
Registration No.: 42,884